

Report Year:

2010

11154

Tuolumne General Hospital

Sonora

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**Provide the Hospital Owner and Year of Report per Section 130061(e)**

Facility Number:

11154

Facility Name:

Tuolumne General Hospital

Address:

101 East Hospital Road

City:

Sonora

Hospital Owner/Licensee:

County of Tuolumne

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Craig Pedro

Submission Date:

1/27/2011 1:00:00 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Long Term Care Building	101 East Hospital Road	Remove	N/A	01/01/2013	12/31/2011
02	Generator Building	101 East Hospital Road	Remove	N/A	01/01/2013	12/31/2011
03	Main Hospital	101 East Hospital Road	Remove	N/A	01/01/2013	12/31/2011

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Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 01

Building Name: Long Term Care Building

**Type of Service Provided**
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adolescent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postpartum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☒ Skilled Nursing Inpatient Beds 22 Inpatient Days 7903

Total Beds this Building 22

☐ Surgical

☐ Obstetrical Recovery

☐ Anesthesia

☐ Newborn/WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/Imaging

☐ Nuclear Medicine

☐ Pharmaceutical

☒ Dietetic

☐ Rehabilitation Therapy

☐ Administration

☐ Renal Dialysis

☐ Support Services

☐ Outpatient Surgery

☐ Obstetrical Cesarean/Deliv

☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 02

Building Name: Generator Building

**Type of Service Provided**
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol  
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

☐ Surgical

☐ Obstetrical Recovery

☐ Anesthesia

☐ Newborn/WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/  
Imaging

☐ Nuclear Medicine

☐ Pharmaceutical

☐ Dietetic

☐ Rehabilitation Therapy

☐ Administration

☐ Renal Dialysis

☐ Support Services

☐ Outpatient Surgery

☐ Obstetrical  
Cesarean/Deliv

☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 03

Building Name: Main Hospital

**Type of Service Provided**
☒ Nursing Inpatient Beds 17 Inpatient Days 0

☒ IntensiveCare Inpatient Beds 4 Inpatient Days 0

☐ Pediatric/Adolescent Inpatient Beds 0 Inpatient Days 0

☒ Psychiatric Nursing Inpatient Beds 16 Inpatient Days 0

☐ Obstetrical Ante/Postpartum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☒ Skilled Nursing Inpatient Beds 20 Inpatient Days 7184

Total Beds this Building 57

☐ Surgical

☐ Obstetrical Recovery

☐ Anesthesia

☐ Newborn/WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/Imaging

☐ Nuclear Medicine

☐ Pharmaceutical

☐ Dietetic

☐ Rehabilitation Therapy

☒ Administration

☐ Renal Dialysis

☒ Support Services

☐ Outpatient Surgery

☐ Obstetrical Cesarean/Deliv

☒ Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

01

Building Name:

Long Term Care Building

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

22

Inpatient  
Days

7903

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

22

**Total Beds this  
Building Per  
Service**

22

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 02

Building Name: Generator Building

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Card**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / development Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

**Total Beds this Building Per Service**



Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 03

Building Name: Main Hospital

**Medical / Surgical (Include GYN)**

Inpatient Bed 17 Inpatient Days 0

**Acute Respiratory Care**

Inpatient Bed 0 Inpatient Days 0

**Acute Psychiatric**

Inpatient Bed 16 Inpatient Days 0

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed 0 Inpatient Days 0

**Burn**

Inpatient Bed 0 Inpatient Days 0

**Skilled Nursing**

Inpatient Bed 20 Inpatient Days 7184

**Pediatric**

Inpatient Bed 0 Inpatient Days 0

**intensive Care Newborn Nursery**

Inpatient Bed 0 Inpatient Days 0

**Intermediate Card**

Inpatient Bed 0 Inpatient Days 0

**Intensive Care**

Inpatient Bed 4 Inpatient Days 0

**Rehabilitation Center**

Inpatient Bed 0 Inpatient Days 0

**Int. Care / development Disabled**

Inpatient Bed 0 Inpatient Days 0

**Coronary Care**

Inpatient Bed 0 Inpatient Days 0

**Chemical Dependency**

Inpatient Bed 0 Inpatient Days 0

**Total Beds this Building Per Unit**

57

**Total Beds this Building Per Service**

57

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Long Term Care Building	<input checked="" type="checkbox"/>
02	Generator Building	<input checked="" type="checkbox"/>
03	Main Hospital	<input checked="" type="checkbox"/>

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

01

Building  
Name:

Long Term Care Building

Year of  
Information:

2008

Information Current As  
Of:

01/05/2011

Type of Services  
Provided

☐

Nursing

Inpatient  
Beds

0

☐

IntensiveCare

Inpatient  
Beds

0

☐Pediatric/Adol  
escentInpatient  
Beds

0

☐Psychiatric  
NursingInpatient  
Beds

0

☐Obstetrical  
Ante/PostprtumInpatient  
Beds

0

☐Intermediate  
CareInpatient  
Beds

0

☒

Skilled Nursing

Inpatient  
Beds

22

Total Beds this  
Building

22

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/  
Imaging☐

Pharmaceutical

☒

Dietetic

☐

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☐

Central Plant

☐Support  
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

01

Building  
Name:

Long Term Care Building

Year of  
Information:

2009

Information Current As  
Of:

01/05/2011

Type of Services  
Provided

☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric Inpatient  
Nursing Beds 0

☐ Obstetrical Inpatient  
Ante/Postprtum Beds 0

☐ Intermediate Inpatient  
Care Beds 0

☒ Skilled Nursing Inpatient  
Beds 22

Total Beds this  
Building 22

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☒ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☐ Support  
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

01

Building  
Name:

Long Term Care Building

Year of  
Information:

2010

Information Current As  
Of:

Type of Services  
Provided

☐ Nursing Inpatient Beds

☐ IntensiveCare Inpatient Beds

☐ Pediatric/Adol  
escent Inpatient Beds

☐ Psychiatric Inpatient  
Nursing Beds

☐ Obstetrical Inpatient  
Ante/Postprtum Beds

☐ Intermediate Inpatient  
Care Beds

☒ Skilled Nursing Inpatient  
Beds

Total Beds this  
Building

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☒ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☐ Support  
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

02

Building  
Name:

Generator Building

Year of  
Information:

2008

Information Current As  
Of:

01/05/2011

Type of Services  
Provided

☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric Inpatient  
Nursing Beds 0

☐ Obstetrical Inpatient  
Ante/Postprtum Beds 0

☐ Intermediate Inpatient  
Care Beds 0

☐ Skilled Nursing Inpatient  
Beds 0

Total Beds this  
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☐ Support  
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

02

Building  
Name:

Generator Building

Year of  
Information:

2009

Information Current As  
Of:

01/05/2011

Type of Services  
Provided

☐

Nursing

Inpatient  
Beds

0

☐

IntensiveCare

Inpatient  
Beds

0

☐

Pediatric/Adol  
escent

Inpatient  
Beds

0

☐

Psychiatric  
Nursing

Inpatient  
Beds

0

☐

Obstetrical  
Ante/Postprtum

Inpatient  
Beds

0

☐

Intermediate  
Care

Inpatient  
Beds

0

☐

Skilled Nursing

Inpatient  
Beds

0

Total Beds this  
Building

0

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐

Radiological/  
Imaging

☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐

Obstetrical  
Cesarean/Deliv

☐

Obstetrical  
Recovery

☐

Newborn/  
WellBaby

☐

Emergency

☐

Nuclear  
Medicine

☐

Rehabilitation  
Therapy

☐

Renal Dialysis

☐

Outpatient  
Surgery

☐

Central Plant

☐

Support  
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

02

Building  
Name:

Generator Building

Year of  
Information:

2010

Information Current As  
Of:

Type of Services  
Provided

☐ Nursing

Inpatient  
Beds

0

☐ IntensiveCare

Inpatient  
Beds

0

☐ Pediatric/Adol  
escent

Inpatient  
Beds

0

☐ Psychiatric  
Nursing

Inpatient  
Beds

0

☐ Obstetrical  
Ante/Postprtum

Inpatient  
Beds

0

☐ Intermediate  
Care

Inpatient  
Beds

0

☐ Skilled Nursing

Inpatient  
Beds

0

Total Beds this  
Building

0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☐ Support  
Services



Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

03

Building  
Name:

Main Hospital

Year of  
Information:

2008

Information Current As  
Of:

01/05/2011

Type of Services  
Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="17"/>
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="4"/>
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="16"/>
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="20"/>
	Total Beds this Building	<input type="text" value="57"/>

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input checked="" type="checkbox"/> Administration		

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

03

Building  
Name:

Main Hospital

Year of  
Information:

2009

Information Current As  
Of:

01/05/2011

Type of Services  
Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="17"/>
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="4"/>
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="16"/>
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="20"/>
	Total Beds this Building	<input type="text" value="57"/>

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input checked="" type="checkbox"/> Administration		

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

03

Building  
Name:

Main Hospital

Year of  
Information:

2010

Information Current As  
Of:

Type of Services  
Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="17"/>
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="4"/>
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="16"/>
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="20"/>
	Total Beds this Building	<input type="text" value="57"/>

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input checked="" type="checkbox"/> Administration		

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Report whether the general acute care services and beds will be relocated to a new or retrofitted building and any corresponding building sites or project numbers per [Section 130061\(c\)\(2\)\(E\)](#)

Building  
Number:

01

Building Name:

Long Term Care Building

Will general acute care services and beds will be relocated to a new or retrofitted building?

Skilled Nursing

N/A

Building  
Number:

01

Building Name:

Long Term Care Building

Will general acute care services and beds will be relocated to a new or retrofitted building?

Dietetic

N/A

Building  
Number:

01

Building Name:

Long Term Care Building

Will general acute care services and beds will be relocated to a new or retrofitted building?

Skilled Nursing

N/A

Building  
Number:

03

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new or retrofitted building?

Nursing

N/A

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Building  
Number:

03

Building Name:

Main Hospital

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Intensive Care

N/A

Building  
Number:

03

Building Name:

Main Hospital

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Psychiatric Nursing

N/A

Building  
Number:

03

Building Name:

Main Hospital

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Skilled Nursing

N/A

Building  
Number:

03

Building Name:

Main Hospital

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Administration

N/A

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Building  
Number:

03

Building Name: Main Hospital

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Support Services

N/A

Building  
Number:

03

Building Name: Main Hospital

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

CentralPlant

N/A

Building  
Number:

03

Building Name: Main Hospital

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Medical/Surgical  
(Include GYN)

N/A

Building  
Number:

03

Building Name: Main Hospital

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Intensive Care

N/A

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Building  
Number:

03

Building Name: Main Hospital

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Acute Psychiatric

N/A

Building  
Number:

03

Building Name: Main Hospital

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Skilled Nursing

N/A

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

01

Building Name:

Long Term Care Building

### Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☒

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/  
Imaging☐

Pharmaceutical

☒

Dietetic

☐

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☐

Central Plant

☐Support  
Services



Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

02

Building Name:

Generator Building

### Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/  
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☐

Central Plant

☐Support  
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

03

Building Name:

Main Hospital

**Type of Service Provided**☒

Nursing

☒

IntensiveCare

☐Pediatric/Adol  
escent☒Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☒

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/  
Imaging☐

Pharmaceutical

☐

Dietetic

☒

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☒

Central Plant

☒Support  
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01

Building Name:

Long Term Care Building

Configuration  
:

Remove from GAC service by 1/1/2013

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☒

Dietetic

☐

Nuclear Medicine

☐Support  
Services☒

Skilled Nursing

☐

Administration

☐

Nuclear Medicine

☐Support  
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

02

Building Name:

Generator Building

Configuration

:

Remove from GAC service by 1/1/2013

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Nuclear Medicine

☐Support  
Services☐

Skilled Nursing

☐

Administration

☐

Nuclear Medicine

☐Support  
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

03

Building Name:

Main Hospital

Configuration  
:

Remove from GAC service by 1/1/2013

**Type of Service Provided**☒

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☒

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☒Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Nuclear Medicine

☒Support  
Services☒

Skilled Nursing

☒

Administration

☐

Nuclear Medicine

☒Support  
Services